



PATIENT	PRESENTING CLINICAL SIGNS
Levi Copenhagen	History: Patient went from being hyper to not being able to walk, not drinking, pale gums, did eat this morning but patient did vomit this morning. Owner said patient has tried to use the bathroom but is unable.
SPECIES	Abnormal PE/Chem/CBC/UA Results: X-ray - suspicious for free fluid in abdomen blood work WNL
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Welsh Corgi	Urinary System
SEX	The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
Neutered Male	Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.
AGE	Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.
13 years	
WEIGHT	Normal renal size (left kidney 5.30 cm) (right kidney 5.40 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Small, cortical cysts in the left kidney.
35 lbs	
INTERPRETED BY	Reproductive System
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Small hypoechoic prostate.
IMAGING PERFORMED BY	Adrenal Glands
Ashley Whitesell	Normal shape, echogenic appearance, and position, but “plump” in size (left 0.75 cm) (right 0.77 x 0.61 cm), and appearance of the visible peri-renal vasculature. Normal appearance of the visible periadrenal vasculature.
HOSPITAL NAME	Spleen
Dickson AC	Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Large, irregular, mottled, echogenic mass in the tail of the spleen (measuring 4.70 x 5.70 cm).
REFERRING VET	Liver
Richard Hovis	Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
INVOICE	Gastrointestinal
13865	Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.
DATE	Pancreas
7.27.23	Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.



PATIENT *Free Abdomen*

Normal mesenteric lymph nodes.

Levi Copenhagen

SPECIES

Small amount of acellular ascites evident.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings

Welsh Corgi

- Splenic mass

SEX

- Ascites

Neutered Male

- Adrenomegaly

AGE

Secondary Findings

13 years

- Gall bladder sediment

WEIGHT

35 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Etiologies for the splenic mass would be granuloma, hematoma and neoplasia.

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

The ascites is most likely hemorrhage secondary to the splenic mass.

IMAGING

PERFORMED BY

The most likely etiology for the adrenomegaly would be disease stress, with emerging pituitary-dependent Cushing's disease a differential diagnosis.

Ashley Whitesell

Further assessment would be three-view thoracic radiographs, echocardiography (to evaluate the right atrium and auricle for possible metastatic disease) and possibly FNA cytology of the splenic mass. Splenectomy should be considered as it can be both diagnostic and therapeutic.

HOSPITAL NAME

Dickson AC

REFERRING VET

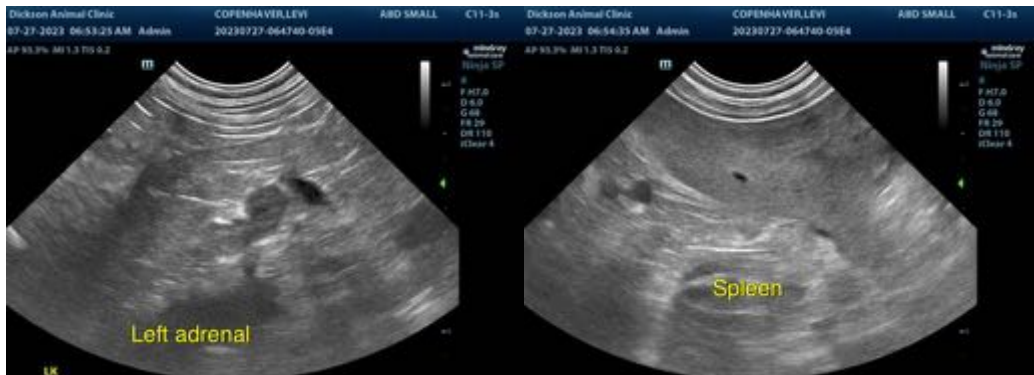
Richard Hovis

INVOICE

13865

DATE

7.27.23





PATIENT

Levi Copenhagen

SPECIES

Canine

BREED

Welsh Corgi

SEX

Neutered Male

AGE

13 years

WEIGHT

35 lbs

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**IMAGING
PERFORMED BY**

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Richard Hovis

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
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